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FACSIMILE TRANSMITTAL SHEET

TO: Examiner Sharon E. Kennedy – Group Art Unit: 3762

FIRM/COMPANY: U.S. Patent and Trademark Office

FACSIMILE NUMBER: 703.872.9306

CONFIRMATION TELEPHONE: 703.308.0858 (Receptionist) or
703.308.0154 (Examiner)

FROM: Anne Marie Leavy for Edward J. Lynch

DIRECT DIAL: 415.371.2217

DATE: August 24, 2004

USER NUMBER: 5121

FILE NUMBER: Docket No. R0377-00100

TOTAL # OF PAGES: 8
(INCLUDING COVERSHEET)

MESSAGE: Attached is an Amendment and Response to the Office Action mailed 6/07/2004 in connection with patent application Serial No. 10/002,406, filed November 1, 2001.

Please confirm receipt of this facsimile.

NOTE: Original will NOT follow

CONFIDENTIALITY NOTICE

THIS FACSIMILE TRANSMISSION IS PRIVILEGED AND CONFIDENTIAL AND IS INTENDED ONLY FOR THE REVIEW OF THE PARTY TO WHOM IT IS ADDRESSED. IF YOU HAVE RECEIVED THIS TRANSMISSION IN ERROR, PLEASE IMMEDIATELY TELEPHONE THE SENDER ABOVE TO ARRANGE FOR ITS RETURN, AND IT SHALL NOT CONSTITUTE WAIVER OF THE ATTORNEY-CLIENT PRIVILEGE.

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of *Aita et al.*

) Examiner: S. E. Kennedy

For: FOLDABLE AND REMOTELY
IMAGEABLE BALLOON

) Group Art Unit: 3762

Serial No.: 10/002,406

Filed: November 1, 2001

Atty. Docket No.: R0377-00100

) TRANSMITTAL

CERTIFICATE OF MAILING/FACSIMILE PURSUANT TO 37 C.F.R. §1.8

I hereby certify that this these papers are being sent by facsimile to (703) 872-9306, addressed to Examiner Sharon E. Kennedy,
at Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450,
on August 24, 2004, in San Francisco, CA.


Anne Marie Leary

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

1. Transmitted herewith for filing in the above-identified patent application is a Amendment and Response to Office Action Mailed 06/07/2004.

2. Claim Fee Calculation

☒ No additional claim fee is required.
☐ Amendment increases number of claims or multiple dependencies.

Additional Claim Fee Calculation

Description	Fee Code	Claims	Excess	Rate	Fees
Independent Claims	2201	3 - 3 =	0 x	\$43=	\$ 0
Total Claims	2202	16 - 20 =	0 x	\$9=	\$ 0

Total Fees Due \$ -0-

3. Payment of Fees

Enclosed is a check for the total fees due in the amount of ____.
☒ The Commissioner is authorized to charge any additional fees and to credit any overpayment of fees which may be required under 37 C.F.R. §1.16 or §1.17, to Deposit Account No 04-1679, referencing Atty. Docket No. R0377-00100.

By: 

Edward J. Lynch

Registration No. 24,422

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SF61974.1

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AUG 24 2004

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of
Aita et al.

Examiner: S. E. Kennedy

Group Art Unit: 3762

For: **FOLDABLE AND REMOTELY
IMAGEABLE BALLOON**

Serial No.: 10/002,406

Filed: November 1, 2001

**AMENDMENT AND RESPONSE
TO OFFICE ACTION MAILED
06/07/2004**

Docket No.: R0377-00100

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at Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450,
on _____, in San Francisco, CA.

By: _____

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In the response to the Office Action mailed June 7, 2004, please amend the
above-referenced application as follows.

R0377-00100

*Response due
September 7, 2004*

Serial No. 10/002,406
Atty. Docket No. R0377-00100

SF61472.1